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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/823,377
	Filing Date	March 30, 2001
	First Named Inventor	Ahmet Ferman et al.
	Art Unit	2614
	Examiner Name	Annan Q. Shang
Total Number of Pages in This Submission	Attorney Docket Number	7146.0105

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) ____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return postcard
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Remarks

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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm	Chernoff, Vilhauer, McClung & Stenzel		
Signature			
Printed Name	Kurt A. Rohlf		
Date	July 25, 2005	Reg. No.	54,405

CERTIFICATE OF TRANSMISSION/MAILING

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Typed or printed name	Kurt A. Rohlf	Date	July 25, 2005

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